FARMS FOR CITY KIDS®
SPRING BROOK FARM
READING, VERMONT

CITY KIDS
ADVENTURE LEARNING

PHYSICAL EXAMINATION FORM

To be completed by a licensed physician, physician's assistant, or nurse practitioner within the last 12 months.

Name_____ Date_____

Birthdate_____ Age_____

Height_____ Weight_____

Blood Pressure_____

Code: (√) Normal (X) Abnormal, please explain:

Skin_____ Chest_____
Eyes_____ Throat_____
Ears_____ Teeth_____
Nose_____ Heart_____
Abdomen_____ Extremities_____

Any diet or activity restrictions? _____
If yes, please explain_____

Regimen of regular medications (including allergy medications):

Any special health requirements and suggestions for treatment while on the farm?

Please complete the immunization chart below, indicating the date of vaccine.

DPT	DT/dt
OVP	IPV
HEP	MMR

Physician authorization for participation in program

The child herein described and examined is in good health and may participate in all farm activities.

Physician's signature _____ Date _____

Physician's Name (please print clearly) _____
Clinic Address _____
Telephone # _____